

Entered - 02-16-99 - sb  
CL 99L0090 ALEXIS HOLMES

CLAIM OF: **WILLIAM GREEN**  
441 Eastwyck Circle  
Atlanta, Georgia 30032

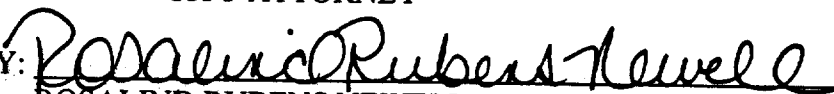
**01-R-1822**

For vehicular damages alleged to have been sustained as a result of driving over a large pothole in the road on February 3, 1999 at Spring and Biltmore Streets.

BY PUBLIC SAFETY AND  
LEGAL ADMINISTRATION COMMITTEE:

**BE IT RESOLVED** by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **WILLIAM GREEN** the sum of **\$700.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of driving over a large pothole in the road on February 3, 1999 at Spring and Biltmore Streets as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0090

Date: 10/29/01

Claimant /Victim WILLIAM GREEN

BY: (Atty)(Ins.) \_\_\_\_\_

Address: 441 Eastwyck Circle Decatur, Georgia 30032

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 700.00 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 2/9/99 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 2/3/99 Place: Spring Street and Biltmore Street

Department Public Works Division: Street Operations

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

**NATURE OF CLAIM:** The claimant sustained damages to his vehicle after he drove over a large pothole in the road incurring damages in the above amount.

**INVESTIGATION:**

Statements: City employee \_\_\_\_\_ Claimant X Other X Written X Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

**BASIS OF RECOMMENDATION:**

Function: Governmental \_\_\_\_\_ Ministerial X

Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable X

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

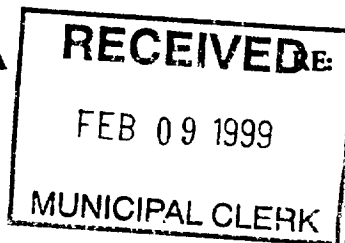
**RECOMMENDATION:**

Pay \$ 700.00 Adverse \_\_\_\_\_ Account charged: 1A01 X 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager  Concur/date 10-31-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335



CLAIM FOR DAMAGES

Today's Date: 2-8-99

ENTERED - 2-16-99 - SB  
99L0090 - MIKE REEVES

REEVES

02/15/99

*[Signature]*

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \_\_\_\_\_ property and/or \$ NO bodily injury for which I contend the City is liable.

1. Date of incident: 2-3-99 2. Time of Incident: 1: PM 3. Police called: \_\_\_\_\_  
(month/day/year) Yes No
4. Location of incident (including street address): Spring St and Biltmore St.
5. Name of your insurance company: State Farm Policy No. T80-6859-325-11
6. State what and how incident occurred: Driving up Spring St. just before the corner of Biltmore St. there is a large hole on the Drivers side of the road I was unable to avoid the hole when the car hit the hole my back in just drop of hand that it caused me to stop and see what had happen
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your vehicle: Toronto 1990 649 LHM William Green  
(Make) (Year) (Tag Number) (Driver's Name)  
City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: NONE  
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

*William Green*  
Signature of Claimant

William Green

(Print Claimant's Name)

441 Eastwick Circle

(Address)

Decatur Ga. 30032

(City, State and Zip Code)

4-875-4830

(Work Number)

4-243-6978

(Home Number)